

AO 92 (Rev. 6/92) Search Warrant

# UNITED STATES DISTRICT COURT

## MIDDLE DISTRICT OF ALABAMA

In the matter of the Search of

232 Lee Road 318, Smiths, Alabama, Lee County, is more particularly described as a brick single family residence. It is brown brick with yellow trim and shutters located on the front of the residence and a center and side entrance.

### SEARCH WARRANT

CASE NUMBER: 3:07mj 75TFM

TO: DEA SA Stephen T. Ribolla, and any Authorized Officer of the United States

Affidavit(s) having been made before me by SA Stephen T. Ribolla  
who has reason to believe that ☐ on the person of or ☒ on the premises known as

232 Lee Road 318, Smiths, Alabama, Lee County, is more particularly described as a brick single family residence. It is brown brick with yellow trim and shutters located on the front of the residence and a center and side entrance.

in the Middle District of ALABAMA  
there is now concealed a certain person or property, namely

See attached Affidavit for description of items to be searched for

I am satisfied that the affidavit(s) and any recorded testimony establish probable cause to believe that the person or property so described is now concealed on the person or premises above-described and establish grounds for the issuance of this warrant.

YOU ARE HEREBY COMMANDED to search on or before  
August 8, 2007

(not to exceed 10 days) the person or place named above for the person or property specified, serving this warrant and making the search (in the daytime - 6:00 A.M. to 10:00 P.M.) and if the person or property be found there to seize same, leaving a copy of this warrant and receipt for the person or property taken, and prepare a written inventory of the person or property seized and promptly return this warrant to  
Terry F. Moorer as required by law.

U.S. Judge or Magistrate Judge

July 30, 2007  
Date and Time Issued

Montgomery, AL  
City and State

Terry F. Moorer U.S. Magistrate Judge  
Name and Title of Judicial Officer

[Signature]  
Signature of Judicial Officer

AO 93 (Rev.6/92) Search Warrant

**RETURN**DATE WARRANT  
RECEIVED

July 30, 2007

DATE AND TIME WARRANT  
EXECUTED

August 1, 2007 7:00am

COPY OF WARRANT AND RECEIPT FOR ITEMS LEFT  
WITH

kitchen table

INVENTORY MADE IN THE PRESENCE OF

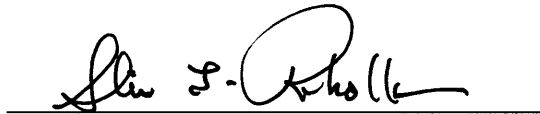
SA Jim Brown and SA Keith SLAY

INVENTORY OF PERSON OR PROPERTY TAKEN PURSUANT TO THE WARRANT

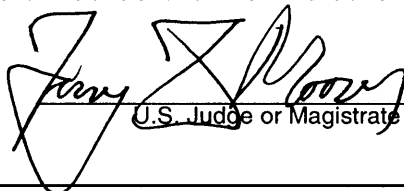
see Attached DEA 12 - receipt for cash or other items

**CERTIFICATION**

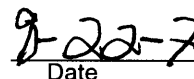
I swear that this inventory is a true and detailed account of the person or property taken by me on the warrant.



cribed, sworn to, and returned before me this date.



U.S. Judge or Magistrate



Date

## U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION

## RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

KELLY BATTLE

232 Lee Road 318

FILE NO.

GX-04-0010

G-DEP IDENTIFIER

FILE TITLE

DATE

8-1-07

DIVISION/DISTRICT OFFICE

I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual.

ITEM #	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
AMOUNT or QUANTITY		
1	miscellaneous papers from kitchen drawer	seizure
2	miscellaneous papers from kitchen cabinet	"
3	miscellaneous papers from kitchen party	"
4	5 telephone from kitchen drawer	"
5.	KEYS from kitchen drawer	"
6	undetermined amount of U.S. currency	"
7	one .45 Springfield Army pistol, SN 358672	"
8	one magazine containing .45 bullets	"
9	KEYS FROM CHRYSLER IN GARAGE	"
10	LICENSE PLATE (AL) 702-624 (From Chrysler)	"
11	miscellaneous papers from trunk of Chrysler and auto	"
12	skin wrap from Chrysler trunk	"
13	miscellaneous papers from inside Chrysler	"
14	undetermined amount of US currency	→ (Bank Count \$110,100.00)
15	miscellaneous papers + car title	

RECEIVED BY (Signature)

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

JAMES D. BROWN, S/A

NAME AND TITLE (Print or Type)

SA Keith Slay



## RECEIPT FOR CASH OR OTHER ITEMS

**G-DEP IDENTIFIER**

Kelly Battle  
232 Lee Road 318



GX-04-0010

FILE TITLE
------------

DATE \_\_\_\_\_

8-1-07

I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual.

RECEIVED BY (Signature) 	NAME AND TITLE (Print or Type) JAMES O. BROWN, S/A
WITNESSED BY (Signature)  S/A	NAME AND TITLE (Print or Type) SA Keith SLAV

MAKE <b>CHRYSLER</b>	MODEL <b>300</b>	COLOR <b>SILVER</b>	NO. OF CYLINDERS <b>8</b>
YEAR <b>2006</b>	MILEAGE <b>4928</b>	LICENSE NO. (Yr. - State) <b>7K231H 08 AL</b>	HORSEPOWER OR CUBIC INCH DISPLACEMENT <b>5.7L</b>
SERIAL NO.	FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO. <b>2C3KA63H46H217974</b>	NO. OF AXLES <b>1</b>
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV			NO. OF WHEELS
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Sedan Hardtop <input checked="" type="checkbox"/> 4-Door Sedan Hardtop <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed			BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)
VEHICLE OPERATOR (Address, Number, Street, City, State) <b>B. DAVIS L.C.S.O</b>		PHONE NO. <b>334-749-5651</b>	
REGISTERED OWNER (Address, Number, Street, City, State) <b>KELLY BATTLE 232 LEE RD. 131 PHENIX CITY, AL</b>		PHONE NO.	
NAME & ADDRESS OF LIENHOLDER (if Applicable)		PHONE NO.	

### REASON FOR IMPOUNDMENT

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☐ BURNED ☐ OTHER THAN ABOVE

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☐ REPORT NO.

EXACT LOCATION WHERE VEHICLE PICKED UP **232 LEE RD. 318**

TOW-IN SERVICE REQUESTED BY NAME OF TOW-IN SERVICE

DATE OF IMPOUNDMENT: **08-01-2007** TIME: **09:32** TOWED OR-DRIVEN BY NAME & TITLE OF IMPOUNDING OFFICER

### INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☒ KEYS IN PROPERTY ROOM ☐ OTHER

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION
<input checked="" type="checkbox"/> FRONT END		2
<input checked="" type="checkbox"/> LF %		2
<input checked="" type="checkbox"/> LF DOOR		2
<input checked="" type="checkbox"/> LR DOOR		2
<input checked="" type="checkbox"/> LR %		2
<input checked="" type="checkbox"/> REAR END		2
<input checked="" type="checkbox"/> RF %		2
<input checked="" type="checkbox"/> RF DOOR		2
<input checked="" type="checkbox"/> RR DOOR		2
<input checked="" type="checkbox"/> RR %		2
<input checked="" type="checkbox"/> HOOD		2
<input checked="" type="checkbox"/> TOP		2
<input checked="" type="checkbox"/> REAR LID		2

	DAMAGED	COND
SPARE TIRE		2
LR TIRE		2
RR TIRE		2
RF TIRE		2
LF TIRE		4
GLASS		2
C.B. RADIO		
C.B. ANTENNA		

REMARKS **L-Front tire pressure low.**

(USE SUPPLEMENTARY

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY **Ernest Davis** DATE **8-1-07** TIME **09:32**

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED DATE TIME

MAKE <b>Ford</b>	MODEL <b>F-150</b>	COLOR <b>Maroon</b>	NO. OF CYLINDERS.
YEAR <b>1999</b>	MILEAGE	LICENSE NO. (Yr. - State) <b>CNO 916 AL</b>	HORSEPOWER OR CUBIC INCH DISPLACEMENT
SERIAL NO.	FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO. <b>1FTRV17C1XMD12</b>	NO. OF AXLES
TYPE OF VEHICLE <input type="checkbox"/> Passenger Vehicle <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV			NO. OF WHEELS
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Sedan <input type="checkbox"/> 4-Door Sedan <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed			BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)
VEHICLE OPERATOR (Address, Number, Street, City, State)			PHONE NO.
REGISTERED OWNER (Address, Number, Street, City, State) <b>B.H.H. King Jr.</b>			PHONE NO.
NAME & ADDRESS OF LIENHOLDER (if Applicable)			PHONE NO.

## REASON FOR IMPOUNDMENT

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☐ BURNED ☐  
OTHER THAN ABOVE \_\_\_\_\_NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☐ \_\_\_\_\_ REPORT NO. \_\_\_\_\_

EXACT LOCATION WHERE VEHICLE PICKED UP \_\_\_\_\_

TOW-IN SERVICE REQUESTED BY \_\_\_\_\_ NAME OF TOW-IN SERVICE \_\_\_\_\_

DATE OF IMPOUNDMENT / TIME / TOWED OR-DRIVEN BY / NAME &amp; TITLE OF IMPOUNDING OFFICER /

## INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☐ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	CONDITION	DAMAGED	CONDITION		DAMAGED	CONDN
✓ FRONT END				✓ SPARE TIRE		
LF 1/4				LR TIRE		
LF DOOR				RR TIRE		
LR DOOR				RF TIRE		
LR 1/4				LF TIRE		
REAR END				GLASS		
RF 1/4				C.B. RADIO		
RF DOOR				C.B. ANTENNA		
RR DOOR						
RR 1/4						
HOOD						
TOP						
REAR LID						

REMARKS.

OR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERIOD.

REPORT MADE BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_



MAKE <u>Cadillac</u>	MODEL <u>Deville</u>	COLOR <u>Black</u>	NO. OF CYLINDERS <u>V-8</u>
YEAR <u>2002</u>	MILEAGE <u>74,894</u>	LICENSE NO. (Yr. - State) <u>TX 7KG7R 08</u>	HORSEPOWER OR CUBIC INCH DISPLACEMENT
SERIAL NO. <u>166KFS79524141797</u>	FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO.	NO. OF AXLES
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV			NO. OF WHEELS <u>4</u>
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Sedan <input type="checkbox"/> Station Wagon <input type="checkbox"/> Sedan <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Hardtop <input checked="" type="checkbox"/> 4-Door Hardtop <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed			BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

O.

NAME &amp; ADDRESS OF LIENHOLDER (If Applicable)

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED  
OTHER THAN ABOVENAME OF ARRESTED PERSON ☐ INJURED ☐ OTHEREXACT LOCATION WHERE VEHICLE PICKED UP 23

TOW-IN SERVICE REQUESTED BY

DATE OF IMPOUNDMENT

TIME

D ☐

PORT NO.

IF IMPOUNDING OFFICER

## INVENTORY AND CC

DC AND TRUNK: LOCKED ☒ UNLOCKED ☐ KEYPROPERTY ROOM ☐ OTHER

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION		DAMAGED	CONDITION		DAMAGED	COND
FRONT END		2	ENGINE		3	SPARE TIRE		2
LF 1/4		2	RADIATOR		3	LR TIRE		2
LF DOOR		2	ALTERNATOR		3	RR TIRE		2
LR DOOR		2	BATTERY		3	RF TIRE		2
LR 1/4		2	A/C		3	LF TIRE		2
REAR END		2	RADIO		3	GLASS		3
RF 1/4		2	TAPE DECK		3	C.B. RADIO	NA	
RF DOOR		2	HUB CAP		3	C.B. ANTENNA	NA	
RR DOOR		2	WHEEL COVER		3			
RR 1/4		2	DRIVE TRAIN		3			
HOOD		2	JACK		3			
TOP		2	TOOLS		NA			
REAR LID		2	GASOLINE		3			

REMARKS Small scratches on doors

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY

DATE

TIME

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED

DATE

TIME



MAKE <u>Chrysler</u>	MODEL <u>Imperial SS</u>	COLOR <u>BLK</u>	NO. OF CYLINDERS <u>8</u>
YEAR <u>1994</u>	MILEAGE <u>101584</u>	LICENSE NO. (Yr. - State) <u>7K59R AL 05</u>	HORSEPOWER OR CUBIC INCH DISPLACEMENT
SERIAL NO.	FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO. <u>1G1RN52P0R15P325</u>	NO. OF AXLES

TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle	<input type="checkbox"/> Ambulance <input type="checkbox"/> Truck	<input type="checkbox"/> Tractor <input type="checkbox"/> Trailer	<input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus	<input type="checkbox"/> Motorcycle <input type="checkbox"/> RV	NO. OF WHEELS
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> 2-Door Sedan Hardtop <input type="checkbox"/> Station Wagon Sedan <input checked="" type="checkbox"/> 4-Door Hardtop <input type="checkbox"/> Pickup <input type="checkbox"/> Convertible <input type="checkbox"/> Panel <input type="checkbox"/> Van <input type="checkbox"/> Rack <input type="checkbox"/> Stake <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed <input type="checkbox"/> Camper	BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)				

VEHICLE OPERATOR (Address, Number, Street, City, State)	PHONE NO.
REGISTERED OWNER (Address, Number, Street, City, State) <u>R.H.K.</u>	PHONE NO.
NAME & ADDRESS OF	PHONE NO.

ACCIDENT <input type="checkbox"/> DUI <input type="checkbox"/> OTHER THAN ABOVE <input type="checkbox"/>	INDMENT NO OPR. LIC. <input type="checkbox"/> BURNED <input type="checkbox"/>
NAME OF ARRESTED PERSON	REPORT NO.
EXACT LOCATION WHERE VEHICLE TOW-IN SERVICE REQUESTED	TOW-IN SERVICE
DATE OF IMPOUNDMENT <u>08-01-07</u>	NAME & TITLE OF IMPOUNDING OFFICER <u>/</u>

AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☐ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION		DAMAGED	CONDITION		DAMAGED	CONDITION
FRONT END		3	ENGINE		3	SPARE TIRE		3
LF %		3	RADIATOR		3	LR TIRE		3
LF DOOR		3	ALTERNATOR		3	RR TIRE		3
LR DOOR		3	BATTERY		3	RF TIRE		3
LR %		3	A/C		3	LF TIRE		3
REAR END		3	RADIO		3	GLASS		3
RF %		3	TAPE DECK		3	C.B. RADIO		NA
RF DOOR		3	HUB CAP		NA	C.B. ANTENNA		NA
RR DOOR		3	WHEEL COVER		3			
RR %		3	DRIVE TRAIN		3			
HOOD		3	JACK		3			
TOP		3	TOOLS		3			
REAR LID		3	GASOLINE		3			

REMARKS \_\_\_\_\_

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE Radio & face plate

REPORT MADE BY KSM DATE 08-01-07 TIME 1017

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

MAKE <b>FORD</b>		MODEL <b>F-150</b>		COLOR <b>Black</b>		NO. OF CYLINDERS <b>8</b>	
YEAR <b>2002</b>		MILEAGE <b>80,259</b>		LICENSE NO. (V. State) <b>AL 1K55R</b>		HORSEPOWER OR CUBIC INCH DISPLACEMENT	
SERIAL NO.		FUEL <input checked="" type="checkbox"/> Gas <b>1/2 Empty</b> <input type="checkbox"/> Diesel		VIN NO. <b>1FTRW07342KD16806</b>		NO. OF AXLES <b>2</b>	
TYPE OF VEHICLE		<input type="checkbox"/> Ambulance <input checked="" type="checkbox"/> <b>Truck</b> <input type="checkbox"/> Passenger Vehicle		<input type="checkbox"/> Tractor <input type="checkbox"/> Trailer		<input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV	
NO. OF WHEELS <b>4</b>							
BODY STYLE						BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)	
<input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input type="checkbox"/> 2-Door Hardtop <input type="checkbox"/> Sedan <input type="checkbox"/> 4-Door Hardtop						<input checked="" type="checkbox"/> <b>Pickup</b> <input type="checkbox"/> Convertible <input type="checkbox"/> Panel <input type="checkbox"/> Van <input type="checkbox"/> Rack <input type="checkbox"/> Stake <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed <input type="checkbox"/> Camper	
VEHICLE OPERATOR (Address, Number, Street, City, State)				PHONE NO.			
REGISTERED OWNER (Address, Number, Street, City, State)				PHONE NO.			
NAME & ADDRESS OF LIENHOLDER (if Applicable)				PHONE NO.			

**REASON FOR IMPOUNDMENT**

ACCIDENT ☐    DUI ☐    STOLEN ☐    ABANDONED ☐    FELONIOUS USE ☐    NO OPR. LIC. ☐    BURNED ☐  
 OTHER THAN ABOVE \_\_\_\_\_

NAME OF ARRESTED PERSON ☐    INJURED ☐    OTHER ☐ \_\_\_\_\_ REPORT NO. \_\_\_\_\_

EXACT LOCATION WHERE VEHICLE PICKED UP \_\_\_\_\_

TOW-IN SERVICE REQUESTED BY \_\_\_\_\_ NAME OF TOW-IN SERVICE \_\_\_\_\_

DATE OF IMPOUNDMENT: / / TIME: / / TOWED OR-DRIVEN BY / / NAME & TITLE OF IMPOUNDING OFFICER / /

**INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED**

DC KEYS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☐ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_  
 (USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

✓		DAMAGED	CONDITION	✓		DAMAGED	CONDITION	✓		DAMAGED	CONDI
	FRONT END		2		ENGINE				SPARE TIRE	3	
	LF 1/4		2		RADIATOR				LR TIRE	3	
	LF DOOR		2						RR TIRE	3	
	LR DOOR		2						RF TIRE	2	
	LR 1/4		2						LF TIRE	3	
	REAR END		2						GLASS		
	RF 1/4		2						C.B. RADIO		
	RF DOOR		2						C.B. ANTENNA		
	RR DOOR		2								
	RR 1/4		2								
	HOOD		3								
	TOP		2								
	REAR LID		2								

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REMARKS \_\_\_\_\_  
 (USE SUPPLEMEN  
 DESCRIBE ANY PERSONAL PROPERTY LEFT IN

AGE)

REPORT MADE BY Lisa J. Van

TIME 10:35 a.m.

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

MAKE <b>CADILLAC</b>		MODEL <b>Deville</b>		COLOR <b>WHITE</b>		NO. OF CYLINDERS <b>V8</b>	
YEAR <b>2002</b>		MILEAGE <b>119820</b>		LICENSE NO. (Yr. - State) <b>8K862/08/AL</b>		HORSEPOWER OR CUBIC INCH DISPLACEMENT	
SERIAL NO. <b>166KF579924127370</b>		FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel		VIN NO. <b>166KF579924127370</b>		NO. OF AXLES <b>4</b>	
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Bus <input type="checkbox"/> RV							
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Sedan Hardtop <input checked="" type="checkbox"/> 4-Door Sedan Hardtop <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed						BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)	
VEHICLE OPERATOR (Address, Number, Street, City, State)						PHONE NO.	
REGISTERED OWNER (Address, Number, Street, City, State)						PHONE NO.	
<b>Kelly Battle 232 Lee Rd 318</b>							
NAME & ADDRESS OF LIENHOLDER (If Applicable)						PHONE NO.	

**REASON FOR IMPOUNDMENT**

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☐ BURNED ☐  
 OTHER THAN ABOVE \_\_\_\_\_

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☐ \_\_\_\_\_ REPORT NO. \_\_\_\_\_

EXACT LOCATION WHERE VEHICLE PICKED UP **232 Lee Rd 318**

TOW-IN SERVICE REQUESTED BY \_\_\_\_\_ NAME OF TOW-IN SERVICE \_\_\_\_\_

DATE OF IMPOUNDMENT **08/01/07** TIME **1** TOWED OR DRIVEN BY **1** NAME & TITLE OF IMPOUNDING OFFICER **1**

**INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED**

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☒ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

✓		DAMAGED	CONDITION	✓		DAMAGED	CONDITION	✓		DAMAGED	COND
	FRONT END		<b>OKAY/FAIR</b>		ENGINE	<b>Doesn't start</b>			SPARE TIRE		<b>FAIR</b>
	LF 1/2				RADIATOR	<b>OK</b>			LR TIRE		<b>FAIR</b>
	LF DOOR				ALTERNATOR	<b>OK</b>			RR TIRE		<b>FAIR</b>
	LR DOOR					<b>OK</b>			RF TIRE		<b>FAIR</b>
	LR 1/2					<b>OK</b>			LF TIRE		<b>FAIR</b>
	REAR END					<b>OK</b>			GLASS	<b>OKAY</b>	
	RF 1/2					<b>UNKNOWN</b>			C.B. RADIO	<b>NONE</b>	
	RF DOOR					<b>N/A</b>			C.B. ANTENNA	<b>NONE</b>	
	RR DOOR					<b>4</b>	<b>FAIR</b>				
	RR 1/2					<b>UNK</b>					
	HOOD						<b>GOOD</b>				
	TOP					<b>NONE</b>					
	REAR LID					<b>FUEL</b>					

REMARKS \_\_\_\_\_

DESCRIBE ANY PERSON \_\_\_\_\_

VEHICLES NOT LISTED ON THIS PAGE)

REPORT MADE BY \_\_\_\_\_

**08/01/07** TIME \_\_\_\_\_

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

MAKE <u>Chrysler</u>	MODEL <u>Trp 14</u>	COLOR <u>Black</u>	NO. OF CYLINDERS <u>1.8</u>
YEAR <u>2005</u>	MILEAGE <u>96,478</u>	LICENSE NO. (Yr. - State) <u>7K07H AL OR</u>	HORSEPOWER OR CUBIC INCH DISPLACEMENT
SERIAL NO.	FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO. <u>2G4LW55K59123924</u>	NO. OF AXLES
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Bus <input type="checkbox"/> RV			
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Sedan Hardtop <input checked="" type="checkbox"/> 4-Door Sedan Hardtop <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed			BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)
VEHICLE OPERATOR (Address, Number, Street, City, State)			PHONE NO.
REGISTERED OWNER (Address, Number, Street, City, State) <u>B.H.H. Kelly</u>			PHONE NO.
NAME & ADDRESS OF LIENHOLDER (if Applicable)			PHONE NO.

## REASON FOR IMPOUNDMENT

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☒ NO OPR. LIC. ☐ BURNED ☐  
 OTHER THAN ABOVE \_\_\_\_\_

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☐ \_\_\_\_\_ REPORT NO. \_\_\_\_\_

EXACT LOCATION WHERE VEHICLE PICKED UP \_\_\_\_\_

TOW-IN SERVICE REQUESTED BY \_\_\_\_\_ NAME OF TOW-IN SERVICE \_\_\_\_\_

DATE OF IMPOUNDMENT 08.01.07 TIME 11030 TOWED OR DRIVEN BY 1 NAME & TITLE OF IMPOUNDING OFFICER 1

DC HAS AN

## ON OF VEHICLE WHEN IMPOUNDED

R ☐ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_

DD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION		DAMAGED	COND
FRONT END		2	SPARE TIRE		3
LF %		2	LR TIRE		3
LF DOOR		2	RR TIRE		3
LR DOOR		2	RF TIRE		3
LR %		2	LF TIRE		3
REAR END		2	GLASS		3
RF %		2	C.B. RADIO		14
RF DOOR		2	C.B. ANTENNA		14
RR DOOR		2			
RR %		2			
HOOD		2			
TOP		2			
REAR LID		2			

REMARKS

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE \_\_\_\_\_

REPORT MADE BY K. JAY DATE 08.01.07 TIME 1030

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

MAKE <u>Chrysler</u>		MODEL <u>PT Cruis</u>		COLOR <u>BLK</u>		NO. OF CYLINDERS <u>4</u>	
YEAR <u>1997</u>		MILEAGE		LICENSE NO. (Yr. - State) <u>SK54R AL</u>		HORSEPOWER OR CUBIC INCH DISPLACEMENT	
SERIAL NO.		FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel		VIN NO. <u>1G1RL52P0TR57138</u>		NO. OF AXLES	
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle		<input type="checkbox"/> Ambulance <input type="checkbox"/> Truck		<input type="checkbox"/> Tractor <input type="checkbox"/> Trailer		<input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV	
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Sedan <input type="checkbox"/> 2-Door Hardtop		<input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> 4-Door Hardtop		<input type="checkbox"/> Pickup <input type="checkbox"/> Convertible		<input type="checkbox"/> Panel <input type="checkbox"/> Van <input type="checkbox"/> Rack <input type="checkbox"/> Stake <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed <input type="checkbox"/> Camper	
VEHICLE OPERATOR (Address, Number, Street, City, State)						PHONE NO.	
REGISTERED OWNER (Address, Number, Street, City, State) <u>Beth, Kille</u>						PHONE NO.	
NAME & ADDRESS OF LIENHOLDER (if Applicable)						PHONE NO.	

**REASON FOR IMPOUNDMENT**

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☒ NO OPR. LIC. ☐ BURNED ☐  
OTHER THAN ABOVE \_\_\_\_\_

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☐ \_\_\_\_\_ REPORT NO. \_\_\_\_\_

EXACT LOCATION WHERE VEHICLE PICKED UP \_\_\_\_\_

TOW-IN SERVICE REQUESTED BY \_\_\_\_\_ NAME OF TOW-IN SERVICE \_\_\_\_\_

DATE OF IMPOUNDMENT 08-01-07 TIME 1034 TOWED OR DRIVEN BY 1 NAME & TITLE OF IMPOUNDING OFFICER 1

**INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED**

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☐ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION		DAMAGED	CONDITION		DAMAGED	CONI
FRONT END		3	ENGINE		3	SPARE TIRE		3
LF %		3	RADIATOR		3	LR TIRE		3
LF DOOR					3	RR TIRE		3
LR DOOR					3	RF TIRE		3
LR %					3	LF TIRE		3
REAR END					3	GLASS		3
RF %					3	C.B. RADIO		
RF DOOR					3	C.B. ANTENNA		
RR DOOR					3			
RR %					3			
HOOD					3			
TOP					3			
REAR LID					3			

REMARKS \_\_\_\_\_

DESCRIBE ANY PE \_\_\_\_\_

DETAILS NOT LISTED ON THIS PAGE)

REPORT MADE BY NV DATE 08-01-07 TIME 1035

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_



## VEHICLE IMPOUNDMENT RECORD

MAKE <u>Chev</u>	MODEL <u>Impala</u>	COLOR <u>Black</u>	NO. OF CYLINDERS <u>8</u>
YEAR <u>1996</u>	MILEAGE <u>11285</u>	LICENSE NO. (Yr., State) <u>7K 712 (AL 88)</u>	HORSEPOWER OR CUBIC INCH DISPLACEMENT
SERIAL NO.	FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO. <u>1G1BL32P3SR80024</u>	NO. OF AXLES <u>2</u>
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV			
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Sedan Hardtop <input checked="" type="checkbox"/> 4-Door Sedan Hardtop <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed			
VEHICLE OPERATOR (Address, Number, Street, City, State) <u>Kelly Battle</u>			PHONE NO.
REGISTERED OWNER (Address, Number, Street, City, State) <u>117 Hwy-165 Phenix City, AL</u>			PHONE NO.
NAME & ADDRESS OF LIENHOLDER (If Applicable)			PHONE NO.

REASON FOR IMPOUNDMENT ACCIDENT <input type="checkbox"/> DUI <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> FELONIOUS USE <input type="checkbox"/> NO OPR. LIC. <input type="checkbox"/> BURNED <input type="checkbox"/> OTHER THAN ABOVE <u>Seizure</u>			
NAME OF ARRESTED PERSON <input type="checkbox"/> INJURED <input type="checkbox"/> OTHER <input type="checkbox"/>			
EXACT LOCATION WHERE VEHICLE PICKED UP <u>232 Lee Rd 318</u>		REPORT NO.	
TOW-IN SERVICE REQUESTED BY		NAME OF TOW-IN SERVICE	
DATE OF IMPOUNDMENT <u>8/31/07</u> TIME <u>10</u>		TOWED OR-DRIVEN BY	
NAME & TITLE OF IMPOUNDING OFFICER <u>/</u>			

DOORS AND TRUNK: LOCKED (USE CONDITION S)		38		WHEN IMPOUNDED PROPERTY ROOM <input type="checkbox"/> OTHER <input type="checkbox"/> DOOR - 5-CONSTRUCTIVE TOTAL)	
✓	DAMAGED	CONDITION	✓	DAMAGED	CONDIT
3	FRONT END				
2	LF %			SPARE TIRE	
3	LF DOOR			LR TIRE	
3	LR DOOR			RR TIRE	
3	LR %			RF TIRE	
3	REAR END			LF TIRE	
3	RF %			GLASS	
	RF DOOR			C.B. RADIO	
	RR DOOR			C.B. ANTENNA	
3	RR %				
3	HOOD				
3	TOP				
3	REAR LID				
		TOOLS			
		GASOLINE			

REMARKS

 (USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)  
 DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE
REPORT MADE BY TFA Todd Williams, DEADATE 8/1/07TIME 0950

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED

DATE

TIME

IMPOUNDMENT RECORD

MAKE 1999 MODEL Accord COLOR Black NO. OF CYLINDERS \_\_\_\_\_

YEAR 1999 MILEAGE \_\_\_\_\_ LICENSE NO. (Yr. & State) 7K0611 HORSEPOWER OR CUBIC INCH DISPLACEMENT \_\_\_\_\_

SERIAL NO. \_\_\_\_\_ FUEL ☐ Gas ☐ Diesel VIN NO. 1H6CG5643KA195722 NO. OF AXLES \_\_\_\_\_

TYPE OF VEHICLE ☒ Passenger Vehicle ☐ Ambulance ☐ Tractor ☐ Semi-Trailer ☐ Motorcycle ☐ NO. OF WHEELS \_\_\_\_\_  
☐ Truck ☐ Trailer ☐ Bus ☐ RV

BODY STYLE ☐ Coupe ☐ Station Wagon ☐ Pickup ☐ Panel ☐ Rack ☐ Carryall ☐ Camper ☐ BUS (Passenger capacity) \_\_\_\_\_  
☐ 2-Door Sedan Hardtop ☒ 4-Door Sedan Hardtop ☐ Convertible ☐ Van ☐ Stake ☐ Flatbed ☐ TRUCK (Mfg. Rated capacity) \_\_\_\_\_

VEHICLE OPERATOR (Address, Number, Street, City, State) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

REGISTERED OWNER (Address, Number, Street, City, State) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME & ADDRESS OF LIENHOLDER (if Applicable) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

REASON FOR IMPOUNDMENT

ACCIDENT ☐ DUI ☐ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☐ BURNED ☐ OTHER THAN ABOVE \_\_\_\_\_

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☐ \_\_\_\_\_ REPORT NO. \_\_\_\_\_

EXACT LOCATION WHERE VEHICLE PICKED UP \_\_\_\_\_

TOW-IN SERVICE REQUESTED BY \_\_\_\_\_ NAME OF TOW-IN SERVICE \_\_\_\_\_

DATE OF IMPOUNDMENT: / / TIME: / / TOWED OR DRIVEN BY \_\_\_\_\_ NAME & TITLE OF IMPOUNDING OFFICER \_\_\_\_\_

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☐ KEYS IN CAR ☐ KEYS IN PROPERTY ROOM ☐ OTHER \_\_\_\_\_

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

	DAMAGED	CONDITION
FRONT END		
LF %		
LF DOOR		
LR DOOR		
LR %		
REAR END		
RF %		
RF DOOR		
RR DOOR		
RR %		
HOOD		
TOP		
REAR LID		

	DAMAGED	CONDITION
SPARE TIRE		
LR TIRE		
RR TIRE		
RF TIRE		
LF TIRE		
GLASS		
C.B. RADIO		
C.B. ANTENNA		

REMARKS \_\_\_\_\_

(USE SUP \_\_\_\_\_)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE \_\_\_\_\_

IN THIS PAGE) \_\_\_\_\_

REPORT MADE BY D. Engle DATE 8-1-07 TIME \_\_\_\_\_

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_